

Notice of Change or Discontinuance

☐ Check this box if you have not received a current set of SUW forms.

Use this form only if you discontinued or made changes to your business. Complete all sections that apply.

PART 1: BUSINESS INFORMATION

Taxpayer's Business Name and Legal Address	Taxpayer's Business Name and Mailing Address
Change our Business Name and/or Legal Address To: (If P.O. Box Number, you must include a street address)	Change our Business Name and/or Mailing Address To:

PART 2: DISCONTINUE BUSINESS

YOU MUST SIGN THIS FORM.

Discontinue All Business Tax Types - Effective Date: _____

PART 3: CHANGE TAX TYPE

 Effective Date: _____

Applicable tax types checked in Part 3 will be removed from your business registration effective this date.

Check the appropriate boxes to add or delete a tax or license from your registration (check all that apply).

ADD	DEL		ADD	DEL		ADD	DEL		ADD	DEL	
<input type="checkbox"/>	<input type="checkbox"/>	Sales Tax	<input type="checkbox"/>	<input type="checkbox"/>	Corporate Income Tax	<input type="checkbox"/>	<input type="checkbox"/>	Flow-Through Withholding Tax	<input type="checkbox"/>	<input type="checkbox"/>	Motor Fuel Tax License
<input type="checkbox"/>	<input type="checkbox"/>	Use Tax	<input type="checkbox"/>	<input type="checkbox"/>	Michigan Business Tax	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Payroll/Pension Withholding Tax**	<input type="checkbox"/>	<input type="checkbox"/>	IFTA Licenses
									<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Products Tax License

** To add withholding, complete an *Application for Registration* (form 518).

PART 4: OTHER BUSINESS CHANGES OR INFORMATION

- If you are a seasonal business, enter the months your business is open: _____
- Enter your correct Federal Employer Identification Number: _____
- Enter in Part 1 your contact address after the discontinuance or sale of your business.
- Date on which **part** or **all** (circle one) of the business was sold: _____
- Buyer's name and address: _____
- Attach to this form additional information and any relevant documentation explaining other changes (e.g. mergers and name changes) to your business. If this business was changed (LLC, Limited Partnership, Sole Proprietor, Corporation, or Partnership) complete an *Application for Registration* (form 518) available at www.michigan.gov/business.

Taxpayer's Signature (Required)	Print Taxpayer's Name and Title (Required)	Date
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Complete this form and mail to:
Michigan Department of Treasury
Registration Unit
P.O. Box 30778
Lansing, MI 48909-8278